Addition to Personnel Name List/Qualifications

(Forms should be typewritten)

It is the responsibility of the investigator to update the Personnel Name List and assure that mandated training is done. Additionally, Federal regulations require Occupational Health and Training Programs be offered to the listed individuals.

Please complete the following and describe qualifications [education, training, relevant experience with the proposed species and technical procedure(s)] for any individual with animal contact you wish to add to your protocol.

Add to CHUA #(s)____

Name:	YUAN XU	Degree: MD
Departme		Extension 46309
Home Ph		E-mail: XYUAN 76@hotmail.com
!! Z _	individual attended the Introductory Training (es) No (Circle one) If no, see below for ac	Session or viewed the training Iditional information*.
	tions for the proposed study:	
Established surgeon to 20 yrs. She will be primarily responsible for studying amuel models in vats concerning obesity, participating		
pi 8	tradying amuse models in vats cond	ering obesity, participating
in ongoing Andies, approved by choa.		
	•	
	•	
If unfamili	ar with this species/procedure, please indicate person re	esponsible for training:
Rev. 1/21/0		
I certify tl	hat this individual will be properly trained pri	
PI Signatu	ire: the heard work	\mathcal{O} Date: $\frac{7}{17}$
	mandatory for all personnel (including Principal In on covering laws and regulations pertaining to anim	vestigators) to have participated in a training
*For those peo	ople who have been unable to attend the training sessions, the fol	lowing videotapes are available in the Upstate Library
1.	Laboratory Animals: Laws Regulations and Guidelines and Alternatives to Traditional Use OR	(23 minutes) (29 minutes)
2.	Care and Use of Laboratory Animals Training Session	(42 minutes)
-	ons unable to get to the Library, Tape #2 will be available for vieur department or at home.	ewing in DLAR or may be checked out from DLAR f